

DEPARTMENT OF SOCIAL SERVICES

744 P Street - M.S. 19-31
Sacramento, CA 95814
(916) 445-7964



November 13, 1981

ALL-COUNTY INFORMATION NOTICE I-142-81

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL DSS ADOPTIONS DISTRICT OFFICES

SUBJECT: REVISION OF AD 512


This notice is to provide you with a copy of the revised AD 512. The revisions are required as a result of enactment of AB 3070 (Chapter 1229, Statutes of 1980) which amends Civil Code Section 224s to provide that for a child placed for adoption the written report on the child's background shall contain all known diagnostic information, including current medical reports, psychological evaluations and scholastic information, as well as all known information on the child's developmental history and family life.

New forms will be available in six months. Adoption agencies and Adoptions district offices can order a supply from:

State Department of Social Services Warehouse
6150 - 27th Street - M.S. 19-20
Sacramento, CA 95822

If assistance is needed regarding the use or content of the revised form, please contact your Adoptions Program Consultant.

Sincerely,


JAMES H. GOMEZ
Deputy Director

cc: CWDA

PSYCHOSOCIAL AND MEDICAL HISTORY

NOTE: ALL IDENTIFYING INFORMATION IS TO BE
REMOVED IF AD 512 IS PROVIDED TO ADOPTIVE PARENTS

Instructions for Completion:

Part 1A to be completed for all children.

Part 1B to be completed for any child 2 years of age or over.

If information is not available about any item, indicate unknown.

Name of Child	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Case Number
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Place of Birth (Hospital or Residence — Name and Address)

Attending Physician

Pediatrician (If different)

Part 1A. The Infant — Birth Facts

Birthdate	Time	Full Term <input type="checkbox"/> Yes <input type="checkbox"/> No	Premature (Months)
Weight at Birth	Length at Birth	Measurements (infants) in inches	Head Chest Abdomen
Delivery Data	Spontaneous <input type="checkbox"/> Forcep <input type="checkbox"/>	Presentation	Duration of Labor
APGAR Score at 1 Minute	APGAR Score at 5 minutes	Resuscitation Required <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?

Complications of Birth, including any birth injury to child and the presence of any illness, disease or defect of a genetic or hereditary nature

Weight Gain or Loss	Discharge Weight	Breast Fed <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?
Formula	Medications Given		

CHECK ANY OF THE FOLLOWING THAT HAVE BEEN PRESENT:				Circumcision
Bleeding Tendencies	Jaundice	Serology on infant, if done		
Convulsions	Pallor	Date Result		
Cyanosis	Tremors	PKU Done <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Type Result	Exemptions <input type="checkbox"/> Medical <input type="checkbox"/> Religious
Diarrhea	Vomiting			
Other (specify)	Other (specify)			

Physical defects noted (specify)

History of Immunization	Date	Date	Other Tests	Date	Results
Diphtheria		Polio	TB		
Measles		Smallpox			
Pertussis		Tetanus			

Sources of information	Worker	Title
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PART 1B
CHILD TWO YEARS OLD OR OVER

CHILDHOOD ILLNESSES (CHECK ANY OF THE FOLLOWING CHILD HAS HAD)

<input type="checkbox"/>	Allergies (specify)	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>

Other illnesses and injuries including illnesses, diseases and defects of a genetic or hereditary nature--specify and give dates

Hospitalizations — specify and give dates

Comments

Signature of Enumerator

Worker

Title

PART 1C
PSYCHOSOCIAL AND SCHOLASTIC HISTORY

Psychological Evaluation (and/or evidence of emotional or behavior problems)

Scholastic Information (if appropriate)

Development History and Family Life

Sources of Information	Worker	Title

HEALTH HISTORY

Name of Child	Name of Mother	Case Number
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Part 11A. The Mother - Prenatal and Postnatal Care

When first seen by doctor	When last seen	Birthdate	No. of previous pregnancies
No. of previous live births	Weight gain during pregnancy	RH Factor	Blood Type
Medications and drugs during pregnancy		Serology Date results	If positive, date of treatment
Exposure to Toxic Environmental Conditions or Substances during pregnancy including drug, tobacco, alcohol use, abuse			

Comments - (Complications or accidents during pregnancy - any indications of anemia)

Part 11B. The Natural Mother - Health History

Contagious or Infectious Diseases (Check once if mother had and twice if during pregnancy)

Chickenpox	Gonorrhea	Mumps	Syphilis
German Measles	Measles	Scarlet Fever	Tuberculosis

Other Diseases

Allergies - specify	Cystic Fibrosis	Sickle Cell Anemia
Convulsions	Diabetes	

Current Health Status

Comments - Health History including disease or defect of a genetic or hereditary nature

Sources of information	Worker	Title
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HEALTH HISTORY

Name of natural father	Case number
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Part 111 The Natural Father—Health History

Birthdate	RH Factor	Blood Type
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Current Health Status

Contagious or infectious Diseases (Check any of the following father has had)

<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Mumps	<input type="checkbox"/> Syphilis
<input type="checkbox"/> German Measles	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Tuberculosis

Other Diseases

<input type="checkbox"/> Allergies - specify	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Sickle Cell Anemia	
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Diabetes		

Comments - Health History including disease or defect of a genetic or hereditary nature

Sources of information	Worker	Title
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